

Tel: (315) 792-0301  
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- Cash
- Check No. \_\_\_\_\_
- Credit
- To Be Billed

**REQUEST FOR LEAD AND COPPER TEST**

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Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Client Address: \_\_\_\_\_

Client E-mail: \_\_\_\_\_

Sample Address (if different): \_\_\_\_\_

Sample Point: \_\_\_\_\_ Sample Date: \_\_\_\_\_ Sample Time: \_\_\_\_\_  
(e.g. kitchen sink, bathroom faucet)

Send report via (Select One): Mail  E-mail  Fax  Pick-up

Send to: \_\_\_\_\_

Required by NYS Health Dept.? Yes  No  PWS#: \_\_\_\_\_

Sampler's signature: \_\_\_\_\_

**(FOR LAB USE ONLY - TEST RESULTS RELATE ONLY TO THE SAMPLE AS IT WAS RECEIVED BY THE LABORATORY)**

- o Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ Initials \_\_\_\_\_
  - Sample Preservation Y  Type \_\_\_\_\_ N
  - Minimum Sample Volume Requirement Met Y  N
  - Sample Chilled Upon Lab Receipt Y  N
- o Date Sent to Lab \_\_\_\_\_ Initials \_\_\_\_\_
- o Date Report Received \_\_\_\_\_ Initials \_\_\_\_\_
- o Date Resulted \_\_\_\_\_ Initials \_\_\_\_\_
- o Date Reported to Client \_\_\_\_\_ Initials \_\_\_\_\_

**LABORATORY RESULTS**

Total Lead \_\_\_\_\_ ug/L or ppb Method: EPA 200.8 Action Level  $\geq$  15 ppb

Total Copper \_\_\_\_\_ ug/L or ppb Method: EPA 200.8 Action Level  $\geq$  1,300 ppb

\*Please refer to <https://www.mvwa.us/WaterQuality/TestExplainLeadCopper.aspx> for explanations of test results.